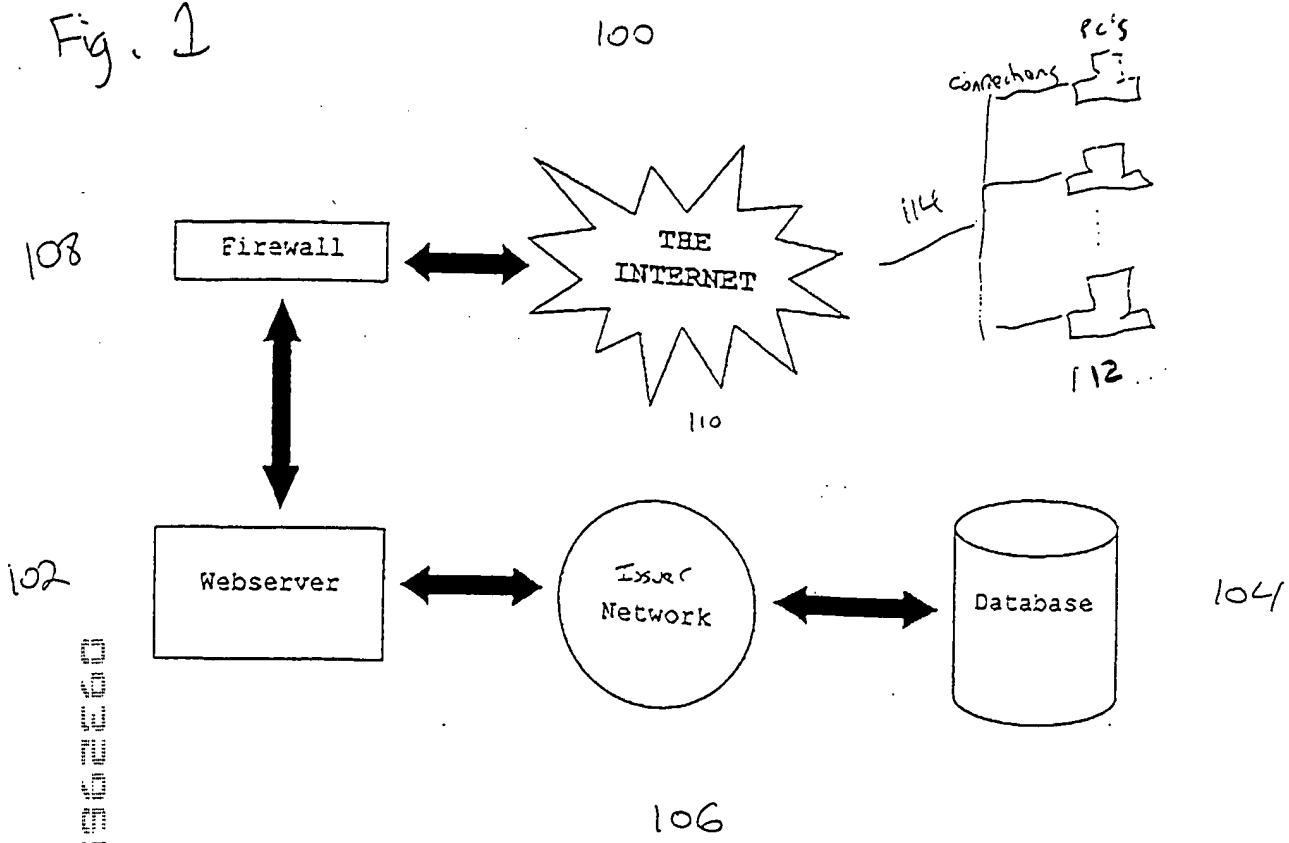


Fig. 1



P.2

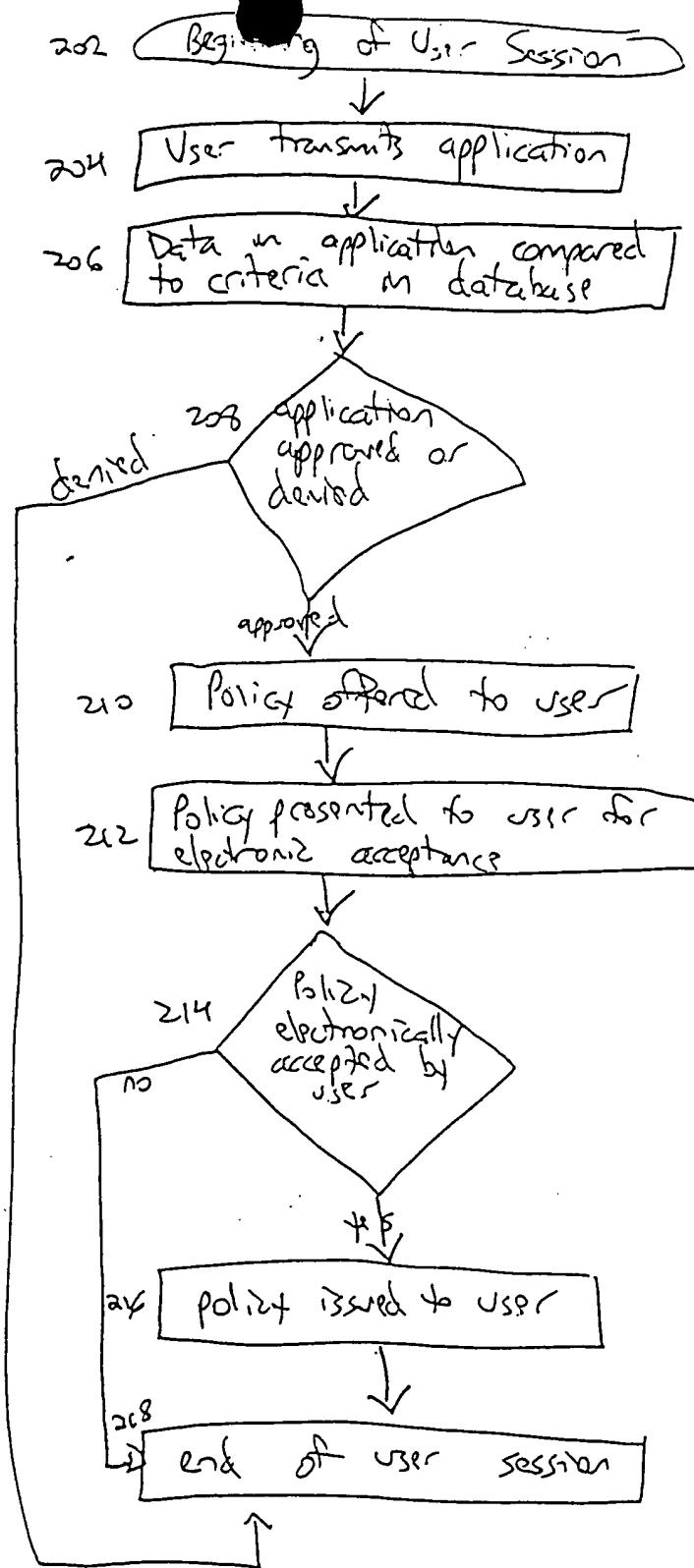


Fig 2

Fig 3

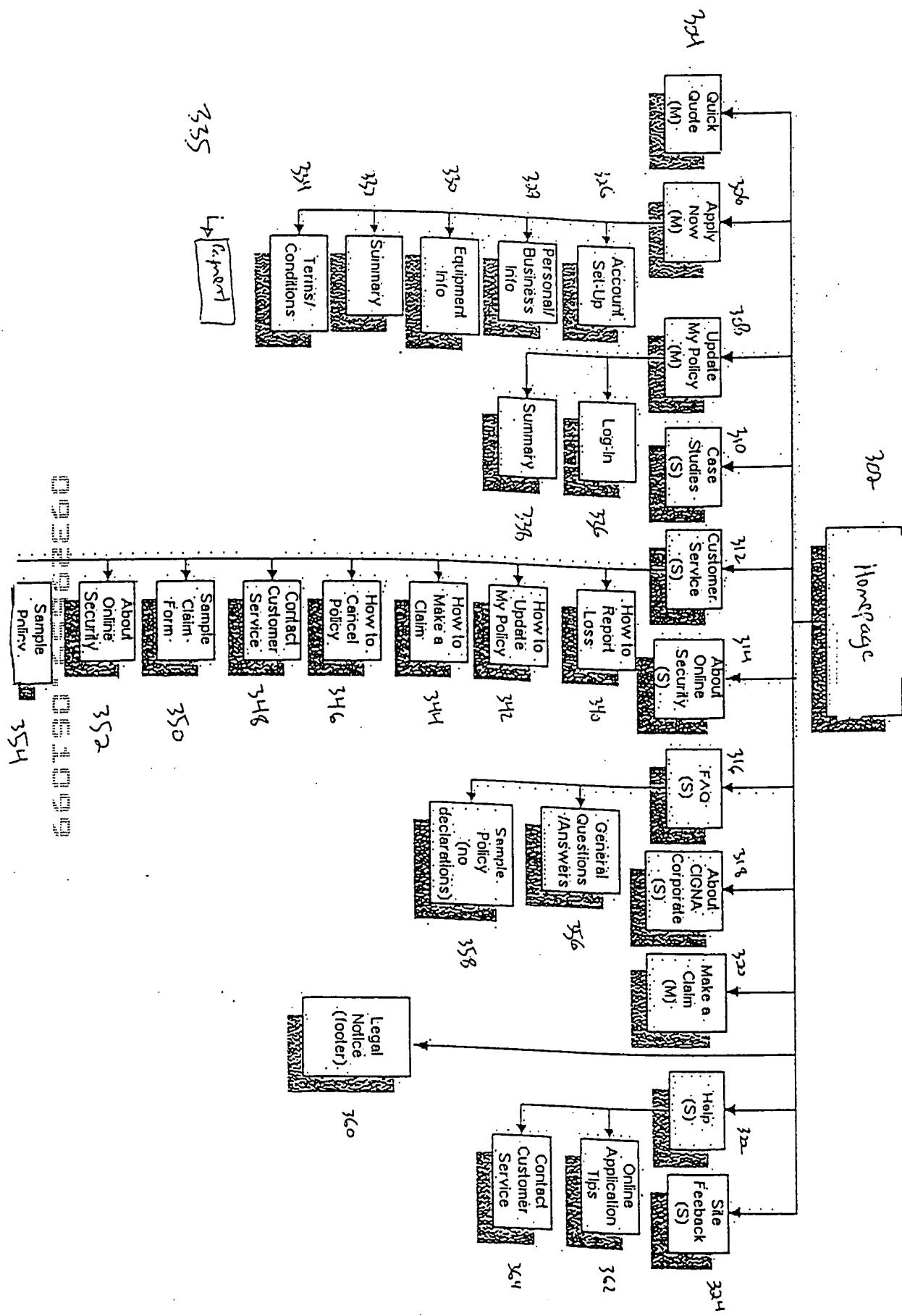
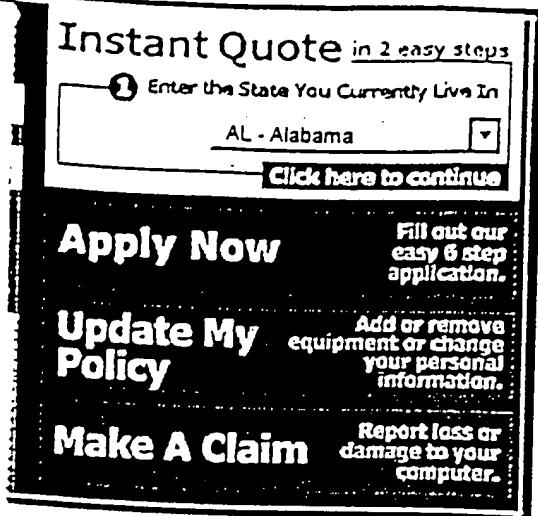


Fig. 4



402

404

40C

40S

410

412

Fig. 5

302



To get your Instant Quote:

- Enter the total value for the items you wish to insure
- Enter brand name
- Click on Quote Now

502

506

504

| | | | |
|-----------------|----|--------------|---|
| Desktop Value: | 50 | Pick A Brand | ▼ |
| Handheld Value: | 50 | Pick A Brand | ▼ |
| Portable Value: | 50 | Pick A Brand | ▼ |

505

503

506

512

514

516

QUOTE NOW

Value instructions:

Some examples of what to include in total value:

| | |
|-------------------------------|-----------------|
| External tape and disk drives | External modems |
| External CD-ROM drives | Monitors |
| Printers | Joysticks |
| Plotters | Scanners |

518

Fig. 6A

306

It only takes a few minutes to complete our easy six-step application.

Step 1. Will this computer be used for personal or business purposes? When finished, click continue.

602 Business

Personal 604

Select The State Of Coverage: PA - Pennsylvania ▼ 605

CONTINUE ►

608

Fig. 6B

326

Step 2. Fill out the information below to apply. The information you provide lets you safely access your policy.

Business Name:

Contact First Name:

Contact Last Name:

PIN: E.g. last 4 digits of Tax ID#

Password:

612

Confirm Password:

Please supply a question and answer below. We will use this question and answer to verify your identity if you call Customer Service because you cannot remember your password.

Secret Question:

Answer:

◀ BACK CONTINUE ▶

614

Fig. 6C

328

Step 3. Please supply the information requested below. When finished, click continue.

Business Name

Contact First Name

Contact Last Name

TaxID4

Address

Address 2

City

County

613

State PA

Zip

Occupation

Daytime Phone

Evening Phone

Fax Number

Email

BACK CONTINUE

620

Fig. 6D

330

Step 4. Please describe each of your computers by supplying the information requested below. When finished, click continue.

System #1

| Type | 624 | Brand | Model | Purchase Year | Total Value |
|-------------------------------------------------|-----|--------------------------------------------------------|-------|----------------------------------------------|-------------|
| Pick A System | 624 | Pick A Brand | 628 | Pick A Year | 632 |
| Accessories: | | | | s | |
| <input type="checkbox"/> Monitor(s) | | <input type="checkbox"/> Printer(s) | | <input type="checkbox"/> Scanner(s) | |
| <input type="checkbox"/> Modem(s) | | <input type="checkbox"/> External tape and disk drives | | <input type="checkbox"/> Joystick(s) | |
| <input type="checkbox"/> External CD-Rom drives | | <input type="checkbox"/> Plotter(s) | | <input type="checkbox"/> External Speaker(s) | |
| <input type="checkbox"/> Other: [] | 636 | | | | |

BACK

ADD ANOTHER

CONTINUE

638

640

Fig. 6E

332

Step 5. Our record of your personal information and the insurance coverage you requested appears below.

Your current policy status is: Pending - Application In Progress

Applicant Information:

Business Name: Smith Enterprises

Contact Last Name: Smith

Contact First Name: John

PIN: 0000

Address 1: 2500 One Liberty Place

Address 2:

City: Philadelphia

County: Philadelphia 644

State: PA

Zip Code: 19103

Occupation: Computer Programmer

Daytime Phone: (215) 000-0000

Evening Phone: (215) 000-0000

Fax Number: (215) 000-0000

E-mail Address: blank@blank.com

CHANGE INFORMATION

646

Equipment Information:

System #1 Brand: Model: Purchase Year: Total Value: Peripherals:
Desktop Dell Dimension 1998 \$4,000.00 Printer, Scanner, Tape Drive, Modem, 648
Monitor, Speaker

650

MAKE A CHANGE

DELETE SYSTEM

652

ADD A NEW SYSTEM

654

Amount of Insurance \$4,000.00 656
Annual premium (3-year policy) \$80.00
Surcharge \$0.00
Total \$80.00

Fig. 6F

334

Please review the ComputerGuard specimen policy. Afterward, please click on I Accept, and make your premium payment, to activate your policy. You will then have the opportunity to print a copy of

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties

ComputerGuard Specimen Policy

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Definition of Key Terms

Property We Will Cover

Causes of Loss We Cover

Causes of Loss We Do Not Cover

Wear and Tear

Breakdowns

Computer Virus

Programming Errors

Defective Work or Materials

Earth Movement

War

Nuclear Hazard

Fraudulent or Criminal Acts

Intentional Loss

662

What We Will Pay

Loss Payment

Automatic Coverage Extensions

Your Deductible

General Provisions

Conformity to State Law

I accept

664

Fig. 6G

335

Step 6. The amount due for your policy is \$80.00 for one year. To pay by credit card, supply your credit card information below and click Pay Now.

The Total Payment Is: \$80.00 668

Card Type: 670

Card Number:

Expiration Date: (mm/yy)

Customer Name:

Address:

City:

State:

Zip Code:

PAY NOW 674

Underwritten by CIGNA Insurance Company
Copyright 1999 CIGNA Insurance Company

Fig. 7A

Log In

If you are an existing ComputerGuard customer, please indicate whether the policy was issued to a business or individual. If you are not yet a ComputerGuard customer, please click on Instant Quote or Apply and see how inexpensive it can be to purchase protection for your valuable property.

702 Business Personal
CONTINUE ▶
704

Fig. 7B

Log In

706

Please enter your name exactly as it appears on your ComputerGuard policy, and the Personal Identification Number (PIN) and Password you chose when you applied for your policy. If you can't recall your PIN or Password, please call Customer Service

| | |
|--------------------------------------|----------------------------------------------------|
| Legal First Name | <input type="text"/> |
| Legal Last Name | <input type="text"/> |
| PIN | <input type="text"/> E.g. last 4 digits of Tax SS# |
| Password | <input type="text"/> |
| <input type="button" value="LOGIN"/> | |

708

710

Fig. 7C

Log In

Please enter the name of the business exactly as it appears on the ComputerGuard policy, the name of the person who completed the online application on behalf of the business, and the Personal Identification Number (PIN) and Password chosen when you applied for the policy. If you can't recall your PIN or Password, please call Customer Service

712

| | |
|--------------------|----------------------------------------------------|
| Business Name | <input type="text"/> |
| Contact First Name | <input type="text"/> |
| Legal Last Name | <input type="text"/> |
| PIN | <input type="text"/> E.g. last 4 digits of Tax ID# |
| Password | <input type="password"/> |

714

716

LOGIN

Fig. TD

Our record of your personal information and the insurance coverage you requested appears below.

Your current policy status is: Active Policy 718

Applicant Information:

Last Name: Smith
First Name: John
PIN: 0000
Address 1: 2500 One Liberty Place
Address 2:
City: Philadelphia
County: Philadelphia
State: PA
Zip Code: 19103
Occupation: Computer Programmer
Daytime Phone: (215) 000-0000
Evening Phone: (215) 000-0000
Fax Number: (215) 000-0000
Email Address: blank@blank.com

CHANGE INFORMATION

Equipment Information:

System #1 Brand: Model: Purchase Year: Total Value: Peripherals:
Desktop Dell 12345 1999 \$9,000.00 Modem, Monitor

MAKE A CHANGE

DELETE SYSTEM

730

ADD A NEW SYSTEM

Amount of Insurance \$9,000.00
Annual premium (3-year policy) \$180.00
Surcharge \$0.00
Total \$180.00

734

VIEW FULL POLICY

Fig. 7E

Please describe each of your computers by supplying the information requested below. When finished, click continue.

135 System #1

| Type | Brand | Model | Purchase Year | Total Value |
|-------------|-------|-------|---------------|-------------|
| 136 Desktop | Dell | 12345 | 1999 | \$9000 |

Accessories:

Monitor(s) Printer(s) Scanner(s)
 Modem(s) External tape and disk drives Joystick(s)
 External CD-Rom drives Plotter(s) External Speaker(s)
 Other: 140

142 ADD ANOTHER CONTINUE > 144

Fig. 7F

Our record of your personal information and the insurance coverage you requested appears below.

Your current policy status is: Pending - Change In Progress 718

Applicant Information:

Last Name: Smith
First Name: John
PIN: 0000
Address 1: 2500 One Liberty Place
Address 2:
City: Philadelphia
County: Philadelphia
State: PA
Zip Code: 19103
Occupation: Computer Programmer
Daytime Phone: (215) 000-0000
Evening Phone: (215) 000-0000
Fax Number: (215) 000-0000
Email Address: blank@blank.com

722 **CHANGE INFORMATION**

Equipment Information:

System #1 Brand: Model: Purchase Year: Total Value: Peripherals:
724 Desktop Dell 12345 1999 \$5,000.00 Modem, Monitor

726 **MAKE A CHANGE**

DELETE SYSTEM

728

System #2 Brand: Model: Purchase Year: Total Value: Peripherals:

724 Desktop Apple Mac 1999 \$3,000.00 Printer, Modem, Monitor, Speaker

726 **MAKE A CHANGE**

DELETE SYSTEM

728

730 **ADD A NEW SYSTEM**

132 Amount of Insurance \$8,000.00
Annual premium (3-year policy) \$160.00
Surcharge \$0.00
Total \$160.00

134 **CONTINUE** ▶

Please review the ComputerGuard specimen policy. Afterward, please click on I Accept, and make your premium payment, to activate your policy. You will then have the opportunity to print a copy of your policy.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties

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Earth Movement

War

Nuclear Hazard

Fraudulent or Criminal Acts

Intentional Loss

What We Will Pay

Loss Payment

Automatic Coverage Extensions

I accept

733

Fig 8

